DEPARTMENT OF HEALTH AND FAMILY SERVICES **STATE OF WISCONSIN**
Division of Children and Family Services
CFS-2096 (01/2001)

KINSHIP CARE REFERRAL FOR CHILD SUPPORT SERVICES

Use of form: This form must be used by the Kinship Care agency in making a referral to the local child support agency when a payment for Kinship Care is approved under s. 48.57(3m), Stats.

Instructions: Complete this form to the extent possible and submit it to the local child support agency.

Name - County / Tribal Agency

Date - Kinship Care Payment Approved	Date - Kinship Care Payment Began	Amount of First Payment (If less than $215)

I. RELATIVE CAREGIVER

Name (Last, First, MI, Maiden)	Birthdate (mm/dd/yyyy)
Address (Street, City, State, Zip Code)	**Telephone Number**

Social Security Number	Gender	Ethnic / Racial Group (Check one)
	☐ Male ☐ Female	☐ Black (not of Hispanic origin) ☐ Asian or Pacific Islander (includes Indian Subcontinent origin) ☐ American Indian / Alaskan Native ☐ Hispanic (Mexican, Puerto Rican or other Spanish culture) ☐ White

II. CURRENT RELATIONSHIP OF CHILD'S PARENTS TO EACH OTHER

Relationship Status

☐ Married ☐ Divorced ☐ Separated with court order ☐ Separated without court order
☐ Never married ☐ Father deceased ☐ Mother deceased ☐ Unknown

Date - If Ever Married (mm/dd/yyyy)	Place of Marriage (City, State)

Child Support Order Currently in Effect?	Child Support Amount (If applicable)	Child Support Being Paid
☐ Yes ☐ No ☐ Unknown	$ _____ per _____	☐ Yes - Regularly ☐ No ☐ Yes - Irregularly ☐ Unknown

Paternity Established	County / State / Tribe of Court Case	Order for Medical Support in Effect?
☐ Yes ☐ No ☐ Unknown		☐ Yes ☐ No ☐ Unknown

Child Receiving Medical Assistance (MA)?

☐ Yes ☐ No ☐ Unknown If "Yes", provide the MA number (if known) _____

III. CHILD'S FATHER

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
Address (Street, City, State, Zip Code)	**Telephone Number**

Social Security Number	Ethnic / Racial Group (Check one)
	☐ Black (not of Hispanic origin) ☐ Asian or Pacific Islander (includes Indian Subcontinent origin) ☐ American Indian / Alaskan Native ☐ Hispanic (Mexican, Puerto Rican or other Spanish culture) ☐ White

Father Employed?	Name - Employer
☐ Yes ☐ No	

Address - Employer (Street, City, State, Zip Code)	Telephone Number

Wages Earned	Wages Paid
$	☐ Weekly ☐ Biweekly ☐ 2 x Month ☐ Monthly ☐ Other - _____

Unearned Income

☐ Unemployment insurance - $ _____ per _____ ☐ SSI - $ _____
☐ SS Retirement - $ _____ per month ☐ SS Disability Insurance - $ _____
☐ Veteran's benefits - $ _____ per month ☐ Other income - $ _____ per _____

IV. CHILD'S MOTHER

Name (Last, First, MI, Maiden) | Birthdate (mm/dd/yyyy)

Address (Street, City, State, Zip Code) | Telephone Number

Social Security Number

Ethnic / Racial Group (Check one)

☐ Black (not of Hispanic origin) ☐ American Indian / Alaskan Native ☐ White
☐ Asian or Pacific Islander (includes Indian Subcontinent origin) ☐ Hispanic (Mexican, Puerto Rican or other Spanish culture

Mother Employed? ☐ Yes ☐ No

Name - Employer

Address - Employer (Street, City, State, Zip Code) | Telephone Number

Wages Earned $

Wages Paid ☐ Weekly ☐ Biweekly ☐ 2 x Month ☐ Monthly ☐ Other - _____

Unearned Income

☐ Unemployment insurance - $ _____ per _____
☐ SS Retirement - $ _____ per month
☐ Veteran's benefits - $ _____ per month
☐ SSI - $ _____
☐ SS Disability Insurance - $ _____
☐ Other income - $ _____ per _____

V. CHILD(REN) OF NAMED PARENT(S) CURRENTLY RECEIVING KINSHIP CARE BENEFITS

List only children, both of whose parents are those named on the previous page. A separate form must be completed for a child if one of his or her parents is not identified on the previous page.

1. Name (Last, First, MI, Maiden) | Birthdate (mm/dd/yyyy) | Social Security Number

Gender ☐ Male ☐ Female

Ethnic / Racial Group (Check one)

☐ Black (not of Hispanic origin) ☐ American Indian / Alaskan Native ☐ White
☐ Asian or Pacific Islander (includes Indian Subcontinent origin) ☐ Hispanic (Mexican, Puerto Rican or other Spanish culture

2. Name (Last, First, MI, Maiden) | Birthdate (mm/dd/yyyy) | Social Security Number

Gender ☐ Male ☐ Female

Ethnic / Racial Group (Check one)

☐ Black (not of Hispanic origin) ☐ American Indian / Alaskan Native ☐ White
☐ Asian or Pacific Islander (includes Indian Subcontinent origin) ☐ Hispanic (Mexican, Puerto Rican or other Spanish culture

3. Name (Last, First, MI, Maiden) | Birthdate (mm/dd/yyyy) | Social Security Number

Gender ☐ Male ☐ Female

Ethnic / Racial Group (Check one)

☐ Black (not of Hispanic origin) ☐ American Indian / Alaskan Native ☐ White
☐ Asian or Pacific Islander (includes Indian Subcontinent origin) ☐ Hispanic (Mexican, Puerto Rican or other Spanish culture

VI. CONFIRMATION

The above information is true to the best of my knowledge. I understand that in any child support action, the agency attorney represents the State and does not represent me.

_____ _____
SIGNATURE - Relative Caregiver | Date Signed

_____ _____ _____
Name - Agency Contact for This Referral | Date Signed | Telephone Number